

Surgery on your child's stomach to treat acid reflux (Nissen's fundoplication)

Children's Hospital

Produced: March 2021

Review: March 2024

Information for Patients, Parents & Carers

Leaflet number: 1142 Version: 1

Introduction

When a baby or child has gastro-oesophageal reflux, the food and drink travels down the food-pipe (oesophagus), as normal. However, some of the mixture of food, drink and acid comes back up the foodpipe, instead of passing through to the large and small intestines. As the food and drink is mixed with acid from the stomach, it can irritate the lining of the foodpipe making it sore. This is gastro-oesophageal reflux disease.

Some children also breathe some of the mixture into the windpipe (aspiration), which can irritate the lungs and cause chest infections.

Gastro-oesophageal reflux is caused by a number of factors which may include a wider than usual opening in the diaphragm around the food-pipe and a weakened sphincter (ring of muscle) at the base of the food-pipe.

If your child has severe gastro-oesophageal reflux which is not controlled with medication or is causing significant complications, the surgeon may recommend an operation called a fundoplication to stop the reflux. Before reaching this decision, the severity of your child's reflux will usually be checked with various tests. As every child is different, the decision to recommend surgery will only be made after these assessments have been completed.

What is a fundoplication operation?

An operation on the stomach to prevent acid reflux may be needed if medicines do not help or symptoms are severe. A fundoplication is an operation used to treat gastro-oesophageal reflux. There are different surgical techniques but the most common is a Nissen's fundoplication, named after the surgeon who developed it.

The operation can be done using keyhole surgery through the tummy (laparoscopic surgery), or by open surgery where a large cut is made (abdominal incision). The surgeon

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

will talk to you about which is the best method for your child.

The top end of the stomach (the fundus) is wrapped around the lower oesophagus (gullet or food pipe). This will mean that the lower part of the oesophagus is enclosed in a tunnel of stomach. After the operation, when food enters the stomach, the pressure rises in the stomach and squeezes the enclosed lower part of the oesophagus, stopping the reflux.

Preparing for the operation

The operation is carried out under a general anaesthetic, fasting instructions will be explained at pre-assessment.

The doctor will explain the operation in more detail, discuss any questions you may have and ask you to sign a consent form giving permission for your child to have the operation.

What happens during the operation?

The fundoplication is usually done under keyhole surgery but sometimes it may need to be done as an open operation the doctor will discuss these options with you.

The operation itself has 2 parts:

1. The surgeon will examine the diaphragm to check the size of the opening around the oesophagus. If it too loose, the surgeon will tighten this.
2. The next part of the operation involves wrapping the upper part of the stomach (fundus) around the base of the oesophagus and loosely stitching it in place. This tightens the sphincter enough to reduce reflux but not so tight as to affect swallowing.

What happens after the operation?

Your child will need to stay in hospital for 5 to 7 days depending on their progress.

When your child returns to the ward they will have a drip into a vein (intravenous infusion) to keep them hydrated as they will not be able to eat or drink. A dressing will be covering the wound. They may also have a tube that goes up the nose and down into the stomach (nasogastric tube) to decompress the stomach and drain any fluid to stop your child from being sick.

Some children will also have a tube inserted to help them with feeding (gastrostomy tube). This goes directly from the stomach through the abdominal wall outside. The tube will be used to remove gases and gastric juices from your child's stomach to prevent these building up. This reduces the feeling of sickness and bloating.

When your child comes back to the ward they will be under regular observation to make sure they are recovering well from the anaesthetic.

Your child will not be allowed to eat or drink anything for a few days after the operation. The drip will remain in place until your child is drinking well and food will be started gradually. They will

have a soft diet nothing too hard to chew or swallow until the doctor advises otherwise.

Your child's level of pain will be checked and regular pain relief will be given. If you think your child is in pain, please tell the nurse so they can check whether more can be given.

Once your child is able to eat and drink the nasogastric tube and cannula (tube in hand) can be removed on the ward. It does not hurt. The gastrostomy will be needed long term for feeding.

Aftercare advice following discharge

The advice below will help you care for your child at home after the operation:

- Your child may still have discomfort depending on how many days since the operation. If within 48 hours give regular pain relief. If after this time give pain relief as and when your child needs it.
- Your child's stomach capacity will be reduced at first so smaller more frequent meals should be given.
- Energetic play such as running and jumping should be discouraged for the next 4 weeks. Contact sport should be avoided for at least 4 weeks.
- Your child may go back to school within 2 to 4 weeks depending on how they feel and which type of operation they have had.

What to expect with the wound:

- It should heal by itself.
- It will have a certain amount of swelling.
- It will look bright pink.

But if there are any of the below problems please contact ward 10 or A&E

- If the wound starts to bleed
- If the wound becomes red and angry and more painful to touch
- If the wound starts to discharge pus

Is there a risk of any complications?

- Wound infection within 3 to 4 days after the operation - if this happens antibiotics will clear the infection. You may see the wound is red or pus may be visible, your child may also have a temperature, please contact your GP if you are worried about the wound.

- Chance of the of the reflux coming back - the operation is successful in 85 to 90 % of patients but the chance of recurrence is higher in children who have special needs.
- The site where the feeding tube (gastrostomy tube) is inserted can become infected - antibiotics may be needed. This is uncommon but may happen please see above information for symptoms and contact the Specialist Nurse team if you are worried on 0116 258 5494

Contact details

- Your GP, if well you do not need to see GP
- Ward 10: 0116 258 5362

If you need urgent treatment contact the Emergency Department

If you have any questions, write them down here to remind you what to ask when you speak to your child's consultant/ nurse:

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



LEICESTER'S
RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement